



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling  
Director



Jeremiah W. (Jay) Nixon  
Governor

**Missouri Department of Health and Senior Services Breath Alcohol Program**

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: DHSS  
Serial Number: DR5785  
Manufacturer: Guth  
Model Number: 2100

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
33.96	34.0

This calibration was performed with  
NIST-Traceable Thermometer SN: 304454

This simulator was tested by: ERS

This testing was performed: 09/16/2015

This certification expires: 09/16/2016

Signature of certifying DHSS  
Scientist: 

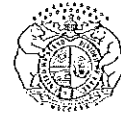
Name of certifying DHSS Scientist: Ellen R. Strawsine



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**BREATH ALCOHOL SIMULATOR TEST WORKSHEET**

**Test Simulator Information**

Agency DHSS  
Email for COC \_\_\_\_\_  
Serial Number: DR5785  
Manufacturer: Guth  
Model Number: 2100

**NIST-Traceable Reference Thermometer Information**

Serial Number: 304454  
Date of Certification: 11/05/2014  
Date of Expiration: 11/05/2015

**Test Simulator Measurements**

Readings	Reference Thermometer	Test Simulator
1	33.96	34.0
2	33.97	34.0
3	33.96	34.0
4	33.96	34.0
5	33.96	34.0

Bias ( $\delta_T$ ): -0.04

Technician performing testing: Ellen Strawsine

I hereby certify that all data submitted within this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [Signature] Date: 09/16/2015

Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at [brian.lutmer@health.mo.gov](mailto:brian.lutmer@health.mo.gov) or [breathalcohol@health.mo.gov](mailto:breathalcohol@health.mo.gov).

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

COPY OF LABEL PLACED ON SIMULATOR

This simulator has been calibrated according to DHSS specifications

SIMULATOR SERIAL NO.: DR5785  
EXPIRATION DATE: 9/16/2015  
DATE OF CALIBRATION: 9/16/2015  
NIST REF. THERM. SERIAL NO.: 304454  
AVERAGE SIM. TEMP: 33.96 C  
ANALYST INITIALS: ERS

